

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece

11111111111111111111

Larry Nixon
 Autauga Metro Jail
 136 North Court Street
 Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X, William G. Blodges
 Agent
 Addressee

B. Received by (Printed Name)

William G. Blodges

12-26-07

C. Date of Delivery

y address different from item 1? YesEnter delivery address below: No*01 CW 1105
PO+CM*

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

2. Article Number

(Transfer from service label)

7007 1490 0000 0024 7809

PS Form 3811, February 2004

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